


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90038 042 \*\*\*\*61.25

<b>DOCUMENT # N03000004462</b> 1. Entity Name <b>LUCKY WORLD OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1330 DEAN STILL RD DAVENPORT, FL 33897</b>		Mailing Address <b>806 LUCKY WORLD DRIVE DAVENPORT, FL 33897</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>806 LUCKY WORLD DR DAVENPORT, FL 33897</b>		<b>806 LUCKY WORLD DR DAVENPORT, FL 33897</b>	
USA		USA	
4. FEI Number <b>56-2370348</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DAVIS, JUDY 806 LUCKY WORLD DRIVE DAVENPORT, FL 33897</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FIELDS, DENNIS</b> <b>207 LUCKY WORLD COURT E</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SANCHEZ, ALBERT</b> <b>131 LUCKY WORLD COURT E</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SANCHEZ, AL</b> <b>131 E. LUCKY WORLD COURT</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HEAD, SARAH</b> <b>316 LUCKY WORLD DRIVE</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DAVIS, JUDY</b> <b>806 LUCKY WORLD DRIVE</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SCHULTZ, TODD</b> <b>208 LUCKY WORLD COURT E</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LACEY, TOM</b> <b>1620 LUCKY WORLD DRIVE</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOENIGSBERG, PAUL</b> <b>1203 LUCKY WORLD DRIVE</b> <b>DAVENPORT, FL 33897</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> _____		<b>JUDY DAVIS, SECRETARY 1/22/08 Ph (863) 424-7065</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	